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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
BUREAU OF LICENSURE AND CERTIFICATION
EMERGENCY MEDICAL SERVICES

APPLICATION FOR EMS INSTRUCTOR ENDORSEMENT

INSTRUCTIONS: This application must be filled out completely and mailed, along with a check or money order in the amount of \$10.00 payable to the State Health Division, to the Nevada State EMS Education Coordinator. (Please print in ink.)

1. Name: _____

Mail Address: _____
Street/PO Box City Zip

Home Phone _____ Work Phone _____

2. Nevada EMS # _____

3. Current Level of Certification: ☐ 1st Responder ☐ EMT
☐ Intermediate/85 ☐ Advanced EMT

4. Nevada Teacher Certificate _____ or DOT EMS Instructor Course _____
Number Date

5. CHILD SUPPORT INFORMATION: (Certificate cannot be issued unless the applicant provides the following information.)

Please check one of the following:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

6. Training equivalent to DOT Instructor Course. Attach description of training, dates completed, a copy of the curriculum and the Agency providing the training.

7. Proof of monitored teaching. (Use back of page) Must complete 5 hours of didactic and 5 hours of monitored instruction.

8. Recommended for Certification: _____
Course Coordinator Signature (Sign in **BLUE** ink) Date

9. CERTIFICATION OF APPLICANT: **This application must be signed and dated.**

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to certification by the State of Nevada as an Emergency Medical Technician.

**ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE
OR DENIAL OF CERTIFICATE**

10. Applicant Signature: _____
Sign in **BLUE** ink Date

(EMS Office Use Only)

Regional Office

Reviewed by: _____ Date: _____ Approve: ☐ Deny: ☐

Education Coordinator

Reviewed by: _____ Date: _____ Approve: ☐ Deny: ☐

PROOF OF MONITORING

DATE	AMOUNT OF TIME TAUGHT	TOPIC TAUGHT	LECTURE OR PRACTICAL CATEGORY	COORDINATOR SIGNATURE

COORDINATORS COMMENTS: _____

Mail Application to:
Bob Heath, Education Coordinator
Nevada State EMS Office
850 Elm Street
Elko, NV 89801
(775) 753-1154